

IN THE PROBATE DIVISION OF THE CIRCUIT COURT OF THE CITY OF ST. LOUIS  
STATE OF MISSOURI

IN THE MATTER OF:

No.

Minor(s)

**PETITION FOR APPOINTMENT OF GUARDIAN AND CONSERVATOR\* OF MINOR**

Comes now \_\_\_\_\_, petitioner, and states:  
Name and Relationship to Minor(s)

1. That the minor(s) named below

Name

Street Address

Date of Birth

Soc. Sec. No.

is under the age of eighteen years and in need of a guardian and conservator\*.

(NOTE: For guardianship applications, a certified copy of birth certificate must be submitted for each minor.)

3. That said minor(s) reside in and are domiciled in the City of St. Louis, Missouri.

4. That the estimated value of the minor's property, if any, is: real property \$ \_\_\_\_\_, and personal property \$ . \_\_\_\_\_.

5. That the parents of the minor(s) are (not) living, and their names and addresses are:

6. That said minor(s) is (single and unmarried) (married to)

whose address is:

7. That the names, ages and addresses of all living children of the minor are:

8. That the name and address of the person having custody of the person of the minor(s) is:

9. That the name and address of any guardian of the person or conservator of the estate of the minor appointed in this or any other state is:

10. That the names and addresses of wards and disabled persons for whom the proposed guardian and conservator is already guardian or conservator are:

11. That the following named department, bureau or agency of the United States or of this state or any political subdivision thereof, makes or awards compensation, pension, insurance or other allowances as described below for the benefit of the minor's estate:

12. That the following named department, bureau or agency of this state, political subdivision thereof or charitable organization of this state is charged with the supervision, control or custody of the minor:

13. That the reasons why the appointment of a guardian and conservator\* is sought are: (Indicate statutory grounds, Sec. 475.030 RSMo. Additional explanation may be included)

a). the minor has no parent living\*

b). the parents or sole surviving parent of the minor are unwilling, unable or adjudged unfit to assume the duties of guardianship\*

c). the parents or the sole surviving parent have had their parental rights terminated under chapter 211, RSMo.\*

d). the best interests of the minor require letters of conservatorship for all his/her estate\*

**WHEREFORE**, petitioner prays letters of guardianship and conservatorship\* issue to:

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Name, address and relationship of proposed guardian/conservator to minor

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(If petitioner is not proposed guardian/conservator, consent of proposed guardian/conservator to appointment must also be submitted)

The foregoing petition is made under oath or affirmation and its representations are true and correct to the best of the petitioner's knowledge and belief, subject to the penalties of making a false affidavit or declaration.

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Signature of petitioner

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Name of petitioner

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Address

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Phone

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Signature of attorney

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Name of attorney

Bar No

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Address

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Phone

**\*STRIKE INAPPLICABLE LANGUAGE**

**AFFIDAVIT**

In the Estate of

\_\_\_\_\_ Minor(s)

The following information is submitted pursuant to Section 452.480 RSMo., in support of the petition for guardianship of the above named minor.

1. Said minor is presently living with \_\_\_\_\_  
at \_\_\_\_\_  
Address

2. Said minor has lived with the following persons at the following addresses within the past 6 months:

3. I have/have not participated in other litigation concerning the custody of this child in this or another state. (If affirmative explain in detail)

4. I have/have no information of any custody proceeding concerning the child pending in a court of this or any other state. (If affirmative explain in detail)

5. I have/have no knowledge of any person, not party to these proceedings, who has physical custody of the child or claims to have custody or visitation rights with respect to the child. (If affirmative explain in detail)

\_\_\_\_\_  
Affiant's Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

My Commission Expires: \_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Attorney

**PARENT'S CONSENT TO APPOINTMENT**

I request the appointment of \_\_\_\_\_ as guardian of the person and/or conservator\* of the estate of \_\_\_\_\_ who (is/are) my natural child(ren) for the following reasons:

I hereby freely and voluntarily consent to the appointment of the above named person. I understand that such appointment shall be subject to the laws of the State of Missouri and the supervision of the probate division. I understand that I shall not have any right or claim to control or custody of such child(ren) or property. I understand that the appointment is permanent and will not be set aside merely at my request. I understand that the appointment will be set aside upon resignation of the fiduciary or upon proof that the fiduciary should be removed upon grounds as provided by law after notice and hearing to all persons interested in the welfare of the child(ren). I hereby state that this consent is freely given without condition and without representation by any person, including the proposed fiduciary, to the effect that this proceeding is a temporary undertaking which may be terminated at my request.

\_\_\_\_\_  
Natural Parent

**STATE OF MISSOURI** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

On \_\_\_\_\_ before me, a Notary Public in and for said State and County, personally appeared \_\_\_\_\_ to me known to be the person described in and who executed the foregoing instrument and acknowledged the same as her/his free act and deed for the uses and purposes therein stated.

In Testimony Whereof, I have hereunto set my hand and affixed my official seal at my office in said State and County, the day and year first above written.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

County of \_\_\_\_\_

State of \_\_\_\_\_

**NOMINATION OF FIDUCIARY BY MINOR**

The undersigned minor acknowledges receipt of a copy of the above petition and waives service thereof and hereby requests that \_\_\_\_\_ be appointed guardian and conservator.\*

\_\_\_\_\_  
Signature of minor

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

(Minor(s) over 14 years of age who has no qualified parent living may make nomination, Section 475.045 RSMo.)

**Missouri Circuit Court  
22<sup>nd</sup> Judicial Circuit**

MICHAEL B. CALVIN  
CIRCUIT JUDGE

**Probate Division**

**(St. Louis City)**

KENNETH F. FERRETI  
COMMISSIONER  
AND CLERK

SHEILA M. HAYES  
DEPUTY COMMISSIONER

ROBERT A. WARD  
COUNSEL

10<sup>TH</sup> FLOOR CIVIL COURTS BUILDING  
10 NORTH TUCKER BLVD.  
ST. LOUIS, MISSOURI 63101  
622-4684

NOVEMBER 15, 1994

**NOTICE TO ATTORNEYS**

The Probate Division is now requiring that all prospective guardians obtain a police record check and complete an authorization for a child abuse/neglect background screening. The results of the record check and the screening will be kept confidential, that information will be available to the public.

The following two forms must be completed for the background screening. These forms are to be filed in the Probate Division with the petition. We will forward the waiver and screening form to Jefferson City. We will also order the Department of Social Services to perform the child abuse/neglect screening on the minor, as well as the applicant. There is no cost for the screening, and hopefully all screenings will be completed before the hearing on the petition.

The police record check, which is to be submitted at or before the hearing, should indicate that the record check has been completed within 30 days of the filing of the petition.



**MISSOURI  
DEPARTMENT OF SOCIAL SERVICES**

**DIVISION OF FAMILY SERVICES**  
ST. LOUIS CITY OFFICE  
3545 LINDELL BLVD.  
ST. LOUIS  
63103-1077  
TDD: 1-800-735-2966, VOICE: 1-800-735-2466

**AUTHORIZATION FOR RELEASE OF INFORMATION**

(Mr.) \_\_\_\_\_

(Mrs.) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
(Zip)

RE: Child: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Child: \_\_\_\_\_  
DOB: \_\_\_\_\_

This release of information (signed below) authorizes the Missouri Division of Family Services to give information regarding the above-named individuals from the Child Abuse Registry.

I/We hereby give permission to the Missouri Division of Family Services to provide below indicated information. I/We hereby release the Missouri Division of Family Services or any authorized representative and any person, agency, physician, clinic, or hospital from liability for information furnished pursuant to this authorization.

Information requested: Child Abuse Registry

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Spouse)

"AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER"  
services provided on a nondiscriminatory basis



## REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check only one) See reverse side for further instructions.

- ☐ (1) Name Search - \$5.00
- ☐ (2) Fingerprint Search - \$14.00
- ☒ (3) DFS Central Registry Screening Only - No Charge

IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)

MAIDEN NAME

DATE OF BIRTH (MM/DD/YY)

STATE OF BIRTH

SEX

RACE

ALIAS NAME(S)

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER / STATE

ADDRESSES FOR PAST 5 YEARS

STREET

CITY

STATE

STREET

CITY

STATE

Have you ever been charged / pled guilty to or been convicted of any criminal act in this state or any state?

☐ YES (Complete section below)☐ NO, I have not been charged / pled guilty to or been convicted of any criminal offense in this state or any state.

DATE

CITY

STATE

COUNTY

CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services in this state or any state?

☐ YES (Complete section below)☐ NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE

CITY

STATE

COUNTY

CIRCUMSTANCES (Attach separate page, if necessary.)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (REQUIRED IN INK)

DATE

SIGNATURE OF CHILD CARE PROVIDER (Required in ink)

DATE

TITLE OF CHILD CARE PROVIDER

TELEPHONE

STATE AGENCY

STATE VENDOR OR CONTRACT NO. (If applicable)

CHECK APPROPRIATE BOX

☐ CHILD CARE RELATED EMPLOYMENT☐ DOH/CCB CHILD CARE BUREAU☐ SCHOOLS / PUBLIC AND PRIVATE☐ CHILD CARE RELATED VOLUNTEER☐ DMH/DMH VENDOR☐ DYS☐ DFS LICENSURE☐ HEALTH CARE☐ OTHER \_\_\_\_\_

RETURN ADDRESS (REQUIRED ON EACH APPLICATION)

Complete your mailing label below

Confidential Mail

AGENCY NAME

**Mo. 22nd Judicial Circuit Probate Div.**

ATTENTION

**Sheila M. Hayes. Deputy Commissioner**

ADDRESS

**10 N. Tucker Blvd., 10th Civil Ct. Bldg.**

CITY, STATE, ZIP CODE

**St. Louis, MO 63101**

The purpose of this form is to provide information available to child care agencies including volunteer agencies. The records you receive will be based on the search options you select. The Missouri State Highway Patrol will respond when you choose option 1 or 2. The Missouri Division of Family Services will respond when you choose option 1, 2, or 3. Direct questions regarding criminal records to the Missouri State Highway Patrol (573-526-6153); direct questions regarding child abuse or neglect to the Division of Family Services (573-526-1438, TT: 1-800-735-2466).

**The information on this form, and responses generated as a result of this form, are confidential. Any person disclosing the information in violation of 43.540 RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.**

For information on how to participate in the Child Abuse/Neglect Central Registry examination program, submit a written request from the CEO, owner, director, etc. of your child care related group or organization to: **Director, Division of Family Services, P.O. Box 88, Jefferson City, MO 65103.**

3. DFS Central Registry Screening Only - No Charge Provides information obtained from the Division of Family Services Central Registry only. The Division of Family Services (DFS) Central Registry screening will reflect information contained in the DFS database. Any questions about the accuracy of that information should be directed to the DFS office in the residential county of the applicant or the county of employment if the applicant is not a Missouri resident, a) Complete the request form.

SPACE RESERVED FOR SHP/DFS RESPONSE STAMP

**DFS USE ONLY**

☐ FG ☐ FH ☐ RH ☐ AD (IF RH OR AD. MUST PROVIDE RELATIONSHIP)

SIGNATURE OF OFS CSW

SIGNATURE OF COUNTY DIRECTOR

TELEPHONE

REQUESTING COUNTY